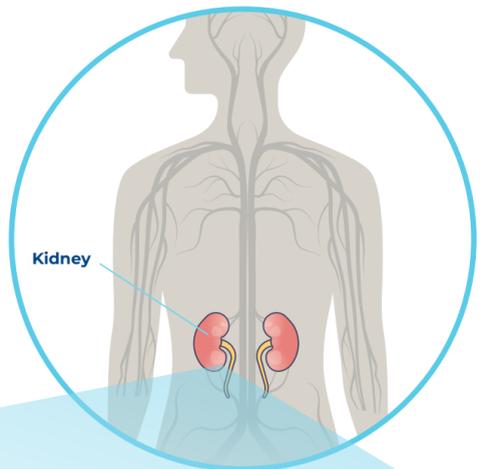


# Lupus Nephritis (LN)

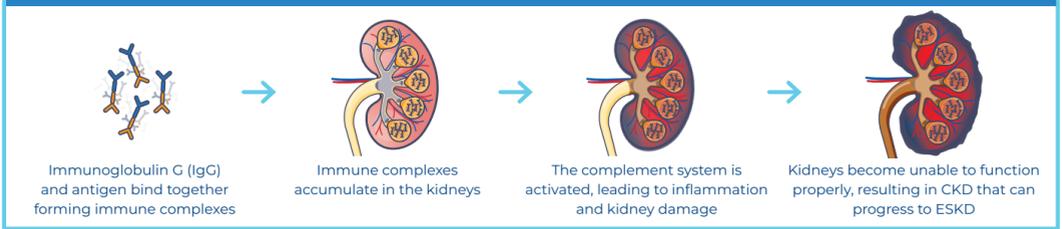
## WHAT IS LUPUS NEPHRITIS (LN)?

Lupus nephritis (LN) is a **disease caused by systemic lupus erythematosus (SLE)**, also known as lupus. It develops in approximately 20-60% of people living with this autoimmune disease. LN occurs when the immune system is inappropriately activated to target or "attack" the kidneys.<sup>1</sup>

In LN, immune complexes (e.g., immunoglobulin G (IgG) and antigen) accumulate in the kidneys and activate the **complement system**, leading to **inflammation and kidney damage**. This damage can impact the kidneys' ability to function properly, **resulting in chronic kidney disease (CKD) that can progress to end-stage kidney disease (ESKD)**.<sup>1,2</sup>



### Immune Complexes Causing Damage to the Kidney



Each year, LN is estimated to affect approximately:<sup>3</sup>



~54K



~58K



~28K



~71K



LN affects people of every racial and ethnic group, but **more commonly affects people of African American, Hispanic and Asian descent**. Teenagers and young adults, particularly young women, are more likely to develop LN than other age groups.<sup>4-6</sup>

## People with LN may experience signs and/or symptoms, including:<sup>7,8</sup>



**Red or cola-colored urine (hematuria)**



**Foamy urine (proteinuria)**



**Swelling in the hands, legs, ankles or feet (edema)**



**High blood pressure (hypertension)**



**High cholesterol**



**Weight gain**



**Fatigue**



**Loss of appetite**



**Increased urination**

## HOW IS LN DIAGNOSED AND MANAGED?

LN often develops **within the first 6-36 months from when lupus symptoms first appear**. If LN is suspected, preliminary blood and urine tests are done to determine if a kidney biopsy is needed. **LN is ultimately diagnosed based on results from the biopsy**, which is considered the gold standard in LN.<sup>4</sup>



**10-30%**  
will progress to kidney failure

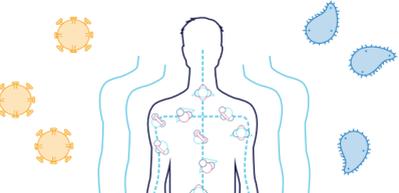
Some people with LN experience spikes in disease activity, called renal flares, that may accelerate the progression of CKD. **Approximately 10-30% of patients living with LN will progress to kidney failure, or end-stage kidney disease**, requiring dialysis – a process that removes waste from the blood when the kidneys are unable to do so – or kidney transplant.<sup>4</sup>

Current treatments for LN involve the use of steroids and immunosuppressants, which may have negative side effects. In addition, **60-70% of people living with LN continue to experience effects of the disease despite being on treatment**, reinforcing the need for treatments that can improve outcomes and quality of life.<sup>9-11</sup>

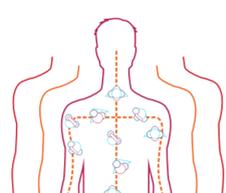


**60-70%**  
experience effects of the disease

## THE COMPLEMENT SYSTEM



The complement system is a part of the immune system and is **essential to the body's defense against infection**.<sup>12</sup>



When the system is **thrown out of balance**, or dysregulated, these proteins can **trigger a dangerous, uncontrolled cascade of reactions** that attack cells and tissues resulting in **harmful inflammation** and the **destruction of healthy cells**.<sup>13</sup>

## WHAT ROLE MAY COMPLEMENT INHIBITION PLAY IN TREATING LN?



There is strong evidence suggesting that the complement system may play a role in kidney diseases, including LN, and Alexion is **investigating complement inhibition as a potential treatment for this disease**. Through this research, Alexion hopes to **improve the journey to diagnosis and treatment for patients and their caregivers**.

**Alexion's leadership in complement inhibition** has set the course for the continued study and development of innovative treatments for rare complement-mediated diseases, including LN.

## WHAT TREATMENT APPROACH IS BEING STUDIED BY ALEXION?



Alexion is **conducting multiple clinical trials investigating the safety and efficacy of inhibiting various parts of the complement system in adults with LN**. These clinical trial programs are evaluating the potential of inhibiting terminal complement (by blocking the C5 protein) or Factor D, another complement system protein.



Alexion has demonstrated an **unyielding commitment to unlocking the potential of the complement system** and continues to pioneer innovations for people living with rare diseases.

### References:

- Li J, et al. Immunomodulatory Activity of Mesenchymal Stem Cells in Lupus Nephritis: Advances and Applications. *Front Immunol.* 2022;13:843192.
- Chebotareva N, et al. Urinary Protein and Peptide Markers in Chronic Kidney Disease. *Int. J. Mol. Sci.* 2021;22(22):12123.
- AstraZeneca Investor Relations. Epidemiology Data. 2022. Accessed November 2023. <https://www.astrazeneca.com/investor-relations.html>.
- Parikh SV, et al. Update on Lupus Nephritis: Core Curriculum 2020. *Am J Kidney Dis.* 2020 Mar;76(2):265-281.
- Beckwith H, et al. Sex and Gender in Glomerular Disease. *Sem Nephrol.* 2022 Mar;42(2):185-196.
- Schwartzman-Morris J, et al. Gender Differences in the Pathogenesis and Outcome of Lupus and Lupus Nephritis. *Clin Dev Immunol.* 2012 May;2012:604892.
- Pullen RL. Managing Lupus Nephritis. *Nursing Made Incredibly Easy*. Wolters Kluwer Health, Inc. 2017 Sep.
- Cojocaru M, et al. Manifestations of Systemic Lupus Erythematosus. *Maedica.* 2011 Oct;6(4):330-336.
- Yu C, et al. Lupus nephritis: new progress in diagnosis and treatment. *J Autoimmun.* 2022 Oct;132:102871.
- Furie R, et al. Two-Year, Randomized, Controlled Trial of Belimumab in Lupus Nephritis. *N Engl J Med.* 2020 Sep;383(12):1117-1128.
- Rovin BH, et al. Efficacy and safety of voclosporin versus placebo for lupus nephritis (AURORA 1): a double-blind, randomised, multicentre, placebo-controlled, phase 3 trial. *Lancet.* 2021 May;397(10289):2070-2080.
- Merle N. S, et al. Complement system part II: role in immunity. *Front Immunol.* 2015;6:257.
- Garred P, et al. Therapeutic Targeting of the Complement System: From Rare Diseases to Pandemics. *Pharmacol Rev.* 2021;73(2):792-827.